

EXHIBIT H

Jainey Samuel

From: Jainey Samuel
Sent: Tuesday, September 26, 2023 11:51 AM
To: 'quellb1@yahoo.com'
Subject: RE: Fifth and 106th St. Associates, L.P. v. Mark Haynes, Index No. 317051/22 (4 East 107th Street, Apt. 15B)
Attachments: Recert Package.pdf

Mr. Haynes,

Please let me know when I can expect the documents on the list below and the attached recertification package for each year.

Based on your responses to the questionnaire in the recertification page for each year, the landlord will then be able to tell you whether additional documents are needed.

Additionally, the attached recertification package previously sent to you on 9/19/2023 includes the HUD-9887 & 9887-A forms that must be signed by you for each year.

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From: Jainey Samuel
Sent: Tuesday, September 19, 2023 6:41 PM
To: 'quellb1@yahoo.com' <quellb1@yahoo.com>
Subject: FW: Fifth and 106th St. Associates, L.P. v. Mark Haynes, Index No. 317051/22 (4 East 107th Street, Apt. 15B)

Mr. Haynes,

As you know from the pre-trial conference yesterday, the trial has been scheduled for 10/13/2023 at 9:30am in the same courtroom.

As you also know, I did not receive a copy of any documents that you brought to court or the handwritten notations that the court attorney made during the conference. We discussed during the court appearance that you can email me your documents at this email address.

Attach is a package for the recertifications. A separate recertification must be completed for each missing year. Due to you not recertifying, there may be other documents that could pertain to you that will be needed. The attached package includes the basic forms. Once the landlord knows the information listed in the questionnaire, other forms may be provided to you to be completed.

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From: Jainey Samuel
Sent: Monday, August 14, 2023 3:53 PM
To: 'quellb1@yahoo.com' <quellb1@yahoo.com>
Cc: 'NY-HOUSING-1164B' <NY-HOUSING-1164B@nycourts.gov>
Subject: Fifth and 106th St. Associates, L.P. v. Mark Haynes, Index No. 317051/22 (4 East 107th Street, Apt. 15B)

Mr. Haynes:

Following up on the court appearance for this case on August 10, 2023, the list of documents for your recertification are below. According to the landlord's records, you are an October renewal, therefore, documents will also be needed in connection with recertifications for October 2023.

The list of documents for everyone in the household 18 years of age or older for 2019, 2020, 2021 and 2022 are as follows (all pages are needed):

1. Names of everyone in the household/apartment 18 years of age or older for 2019, 2020, 2021, 2022 and 2023
2. Federal and state tax returns (if working) for the years of 2019, 2020, 2021 and 2022 for everyone in the household.
3. 6 consecutive bank statements for all assets/each type of account (e.g., checking, saving, money market, investments, etc.)
4. 4/6 consecutive paystub for the renewal of October 2023
5. Documents related to, if any, public assistance awards and payments, workers' compensation awards and payments for 2019, 2020, 2021, 2022 and 2023
6. Documents related to military pay and veterans benefits (e.g., pension award letter, military pay statement, veterans' pay statement)
7. If receiving pension/social security will need documents for 2019, 2020, 2021, 2022 and 2023
8. Annuity statements, if any, for 2019, 2020, 2021, 2022 and 2023.
9. Documents related to, if any, investments, mutual funds, stocks, bonds (e.g., statements, stock broker summary, stock certificates, 1099 interest statements)
10. Statements for 401k, IRA, Roth, life insurance for 2019, 2020, 2021, 2022 and 2023
11. Statements for trust funds for 2019, 2020, 2021, 2022 and 2023 (e.g., trust agreement and bank statements)
12. Documents related to real property other than the subject apartment (e.g., house, coop, condo, apartment, etc.)
13. Proof of student status or live-in aide status of person in the apartment for 2019, 2020, 2021, 2022 and 2023
14. Documents related to any other asset or source of income for 2019, 2020, 2021, 2022 and 2023

NOTE: HUD only allows the landlord to go back three years to regain a subsidy (here, back to 2020). Also, it is possible that additional documents and/or authorizations to verify the information in your submission will be needed after reviewing your submission. In the event that is the case, we will inform you.

As per the court's order, your documents are to be submitted directly to the landlord by 9/11/2023. You may email me your documents at this email address.

Thank you,

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HOUSEHOLD ELIGIBILITY QUESTIONNAIRE

Property Name: _____ Unit: _____

Certification Type:

- ☐ Move-In/Initial Certification
☐ Re-certification
☐ Other: _____

Housing Program:

- ☐ Low Income Housing Tax Credit
☐ Section 8/HUD
☐ Other: _____

I. HOUSEHOLD COMPOSITION

- Unless assistance is required, this form must be completed by the applicant/tenant.
- List each person who will reside in the unit along with the relationship to the head of household, date of birth, and social security number.
- Do not include minors who will be present less than 50% of the time.
- List FT student status for any member who is currently enrolled, expects to become enrolled, or was previously enrolled for any part of 5 months in the calendar year. Include grades K-12; college; university; technical; trade; and mechanical schools.

HOUSEHOLD MEMBER NAME	RELATIONSHIP	DOB	SSN	FT STUDENT?
1.	HEAD			[] YES [] NO
2.				[] YES [] NO
3.				[] YES [] NO
4.				[] YES [] NO
5.				[] YES [] NO
6.				[] YES [] NO
7.				[] YES [] NO
8.				[] YES [] NO

Are any HH changes expected in next 12 months? [] YES [] NO

If YES explain: _____

Are any student changes expected in next 12 months? [] YES [] NO

If YES explain: _____

I agree to notify management immediately if there is a change in student status. I understand that changes in student status may affect my eligibility to participate in this program: [] YES [] NO

II. STUDENT STATUS

Will all of the persons in your household be or have been full-time students during five calendar months of the certification year?	[] YES [] NO
<ul style="list-style-type: none"> • If NO continue to Section III • If YES please complete the following questions: 	
1. Does a student receive assistance under Title IV of the Social Security Act (i.e. TANF or AFDC but not SS or SSI)?	[] YES [] NO
2. Was a student previously a foster child?	[] YES [] NO
3. Is a student enrolled in a program funded by the Job Training Partnership Act, Workforce Investment Act or similar federal/state/local program?	[] YES [] NO
4. Is a student married and eligible to file a joint tax return?	[] YES [] NO
5. Is a student a single parent who is not claimed as a dependent by another individual?	[] YES [] NO
6. Are the minors in the household claimed as a dependent by a parent?	[] YES [] NO

III. HOUSEHOLD INCOME

- List gross amounts anticipated to be received in the 12-month period following move in or recertification
- For minors include unearned income such as benefits, SSA, SSI, gifts, child support, income from assets
- For adults include both earned income from jobs and unearned income
- Answer each YES-NO question. For each YES include the gross amount and frequency
- Do not leave any unanswered questions

Type of Income	Head of Household		Co Head and/or Other Member	
	Check One	Amount & Frequency	Check One	Amount & Frequency
1. Salary or pay from job	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
2. Overtime or shift pay	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
3. Bonus/commission/etc.	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
4. Do you have a 2nd job?	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
5. Seasonal/sporadic work	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
6. Tips	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
7. Cash pay	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
8. Ride Service (Lift, Uber, etc.)	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
9. Delivery Service (Door Dash, Grub Hub, etc.)	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
10. Self-employment income	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
11. Periodic gift income	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
12. Non cash contributions	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
13. Formal child support	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
14. Is child support awarded but not paid?	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
15. Informal child support	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
16. Formal spousal support	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
17. Is spousal support awarded but not paid?	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
18. Informal spousal support	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
19. Social Security	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
20. SSI	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
21. TANF, AFDC, etc.	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
22. Unemployment benefits	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
23. Worker's compensation	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
24. Severance pay	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
25. Pension income	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
26. Retirement account payments	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
27. Investment acct payments	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
28. Annuity acct payments	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
29. Trust acct payments	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
30. Disability/death benefits	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
31. Real estate rent income	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
32. Student financial aid	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
33. Military pay	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$

III. HOUSEHOLD INCOME (continued from page 2)

34. Veterans/VA income	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
35. Other income:	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
36. Other income:	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$

35. Are any income changes expected in the next 12 months? ☐ YES ☐ NO If YES please describe:

For each source of income checked YES in part III, please complete the following:

Income #	HH Member	Name of Source	Address/Phone/Email

IV. HOUSEHOLD ASSETS

- List assets for all household members including minors
- Cash value is market value minus any costs/penalties/fees required to convert to cash
- Do not list assets that are not accessible by the family or necessary personal property (clothes, furniture, etc)
- Do include any personal property held as an investment such as artwork, coin collections, gems, etc

Type of Asset	Head of Household		Co Head and/or Other Member	
	Check One	Apprx Cash Value	Check One	Apprx Cash Value
1. Checking account	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
2. 2nd checking account	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
3. Savings account	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
4. 2nd savings account	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
5. EBT/direct express card	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
6. 2nd EBT/direct exp card	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
7. Prepaid Debit Card	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
8. Cash Apps (Venmo, PayPal, Cash App, etc.)	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
9. Crypto Currency (Bitcoin, Cardano, Ethereum, etc.)	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
10. Cash on hand	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
11. Certificate of Deposit	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
12. Other bank account	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
13. Mutual Fund	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
14. Stocks	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
15. Portfolio/brokerage	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
16. IRA/401K/etc.	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
17. 2nd IRA/401K/etc.	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
18. Treasury bills/bonds	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
19. Company retirement acct	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$

IV. HOUSEHOLD ASSETS (continued from page 3)					
20. Annuity	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
21. Pension	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
22. Revocable trust	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
23. Life insurance (not term)	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
24. Real estate equity	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
25. Other asset	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
26. Other asset	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
27. Has anyone received any lump sum amounts in the past 2 years (i.e. lottery/gambling/inheritance)? <input type="checkbox"/> YES <input type="checkbox"/> NO					
28. Has anyone disposed of any assets for less than fair market value in the past 2 years? <input type="checkbox"/> YES <input type="checkbox"/> NO					
<i>If yes to either #27 or #28 above, please list details such as the type of asset, the disposal date, the fair market value, and the amount received or disposed of:</i>					
29. The net household assets above are less than \$5,000.00 <input type="checkbox"/> YES <input type="checkbox"/> NO					
For each asset checked YES in part IV, please complete the following:					
Asset #	HH Member	Name of Source	Address/Phone/Email		

By signing below, I am certifying that I have completed this questionnaire and that the answers that I have given are true and complete to the best of my knowledge.

****All adult household members must sign this form.**

_____ Head of Household Signature	_____ Printed Name	_____ Date
_____ Co Head and/or Other Member Signature	_____ Printed Name	_____ Date
_____ Management Signature	_____ Printed Name	_____ Date

V. HOUSEHOLD EXPENSES

- This section should be completed for all households in the Section 8 program.
- Households whose Head, Co-Head or Spouse is elderly (62 years of age or older) or is a person with disabilities (Elderly/Disabled Households) may be eligible for a deduction for **unreimbursed** medical expenses of **all** family members.
 - Medical expenses include all expenses the family anticipates to incur during the 12 months following certification/recertification that are **not** reimbursed by an outside source, such as insurance premiums.
 - The Owner may use the ongoing expenses the family paid in the 12 months preceding the certification/recertification to estimate the anticipated medical expenses. (i.e. co- pays paid by the family at the pharmacy which has not been reimbursed by an outside source.)
 - The medical expense deduction is that portion of total eligible medical expenses that exceeds 3% of annual income.
 - In addition, past one-time nonrecurring medical expenses that have been paid in full may be included in the calculation of the medical expense deduction for current tenants at an initial, interim or recertification. ****Not applicable at time of move in. If under a payment plan, the expense would be counted as anticipated.**
- Households may be eligible for disability expenses if the expense is necessary and enables a household member to work.
- Households with unreimbursed child care costs for children under the age of 13 that enables a household member to work, look for work, or attend school may be eligible for a childcare deduction.

Type of Expense	Head of Household:		Co Head and/or Other Member:	
	Check one	Amount & Frequency	Check One	Amount & Frequency
1. Medical Ins. Premiums	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
2. Pharmacy/Prescription	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
3. Doctor/Medical Expenses	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
4. Doctor/Medical Expenses	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
5. Doctor/Medical Expenses	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
6. Attendant Care	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
7. Dental	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
8. Eye Wear/Eye Care	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
9a. Childcare (child under 13 years of age)	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
9b. If YES to #9a above: does the care enable someone: (Circle applicable answer(s))				
	To work	Seek work	Attend school	
9c. If YES, are the expenses reimbursed by an outside source? <input type="checkbox"/> YES <input type="checkbox"/> NO				
10a. Disability expenses	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
10b. If YES to #10a above; is the service or equipment necessary to enable a family member (including the person with the disability) to work? <input type="checkbox"/> YES <input type="checkbox"/> NO				
10c. If YES, are the expenses reimbursed by an outside source? <input type="checkbox"/> YES <input type="checkbox"/> NO				
11. Other:	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$

V. HOUSEHOLD EXPENSES (continued from page 5)

12. Are there any other anticipated medical expenses in the next 12 months?

☐ YES ☐ NO If yes, please explain:**For each expense checked YES in the table above, please complete the following:**

Expense #	HH Member	Name of Provider, Address, Phone/Fax/Email

VI. Household Questions

- Complete each question entirely - Do not leave any unanswered questions

1a. Have there been any changes to the citizenship status for any member of the household? (status expired, new non-citizen documents, etc) ☐ YES ☐ NO

1b. If yes, please explain including the name of the member(s):

2. Is the Head, Co-Head or Spouse elderly (62 years of age or older) or a person with disabilities? ☐ YES ☐ NO3. For Section 8 purposes: Is any family member currently enrolled as a student at an accredited institution of higher learning for the purposes of obtaining a degree, certificate or other program leading to a recognized educational credential, as defined under Section 102 of the Higher Education Act of 1965? If so, complete the following for each student: *please provide copy of the Financial Aid Award Letter and College Bill ☐ YES ☐ NO3a. Member name: ☐ Part-Time or ☐ Full-TimeDo you receive financial assistance such as grants or scholarships to pay for your education? ☐ YES ☐ NO

Please check all of the following that apply:

- | | |
|--|--|
| <input type="checkbox"/> At least 24 years of age | <input type="checkbox"/> Not living with my parents but am claimed as a dependent on my parent's tax return and my parents and I are eligible to receive Section 8 assistance (must supply the manager with documentation that shows my and my parent's eligibility) |
| <input type="checkbox"/> Married | |
| <input type="checkbox"/> Veteran of the United States Military | <input type="checkbox"/> Not living with my parents and not claimed as a dependent and can provide documentation to my independence and eligibility for assistance |
| <input type="checkbox"/> Have a dependent child | |
| <input type="checkbox"/> Living with my parents who are receiving Section 8 assistance | <input type="checkbox"/> An orphan, in foster care, or ward of the court between the ages of 13 and 18, an emancipated minor, or a homeless child or youth at risk of being homeless during the school year in which the application was submitted |

VI. Household Questions (continued from page 6)		
3b. Member name:		<input type="checkbox"/> Part-Time or <input type="checkbox"/> Full-Time
Do you receive financial assistance such as grants or scholarships to pay for your education?		<input type="checkbox"/> YES <input type="checkbox"/> NO
Please check all of the following that apply:		
<input type="checkbox"/> At least 24 years of age <input type="checkbox"/> Married <input type="checkbox"/> Veteran of the United States Military <input type="checkbox"/> Have a dependent child <input type="checkbox"/> Living with my parents who are receiving Section 8 assistance	<input type="checkbox"/> Not living with my parents but am claimed as a dependent on my parent's tax return and my parents and I are eligible to receive Section 8 assistance (must supply the manager with documentation that shows my and my parent's eligibility) <input type="checkbox"/> Not living with my parents and not claimed as a dependent and can provide documentation to my independence and eligibility for assistance <input type="checkbox"/> An orphan, in foster care, or ward of the court between the ages of 13 and 18, an emancipated minor, or a homeless child or youth at risk of being homeless during the school year in which the application was submitted	
4. Is there a member of the household who is active, retired, or discharged from the armed services? Please list the member's name, branch of service, and indicate their current status:		<input type="checkbox"/> YES <input type="checkbox"/> NO
Member name:	<input type="checkbox"/> Active <input type="checkbox"/> Retired <input type="checkbox"/> Discharged	
Member name:	<input type="checkbox"/> Active <input type="checkbox"/> Retired <input type="checkbox"/> Discharged	
5. I have a family member who is absent from the home due to: (circle applicable answer(s))		
Circle:	Employment Military Svc. Placement in Foster Care Away at school Temp/Perm confirmed to nursing home Other:	
Name of absent member:		
Name of absent member:		
6. I have a live in Attendant. <input type="checkbox"/> YES <input type="checkbox"/> NO - If YES, provide name:		
7. Has any member of your household, age 18 or older, ever been charged or convicted of a misdemeanor or felony?		<input type="checkbox"/> YES <input type="checkbox"/> NO
8a. Are you or any member of your household subject to a lifetime sex offender registration in any state? If yes, list the names of the members required to register, the state(s) where registration is required and the initial date(s) of registration:		<input type="checkbox"/> YES <input type="checkbox"/> NO
Member Name	State(s)	Date(s) of Registration
8b. Please list every state that a member of the household has resided in. Next to each state, please enter the initials of the member who resided in the state.		
**Annually at recertification, management will check the registration status of all adult household members on the following public website: www.nsopw.gov		

Penalties for Committing Fraud: The United States Department of Housing and Urban Development (HUD) places a high priority on preventing fraud. If your application or recertification forms contain false or incomplete information, you may be:

- Evicted
- Imprisoned for up to five years
- Required to repay all overpaid rental assistance you received
- Prohibited from receiving future assistance
- Fined up to \$10,000

Your state and local governments may have other laws and penalties as well.

By signing below, I am certifying that I have completed this questionnaire and that the answers that I have given are true and complete to the best of my knowledge.

****All adult household members must sign this form.**

Head of Household Signature	Printed Name	Date
Co Head and/or Other Member Signature	Printed Name	Date
Management Signature	Printed Name	Date

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper use of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the **Social Security Act at 208 (a) (6), (7) and (8). Violations of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).



SHP Management Corp. does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, its federally assisted programs and activities.



U.S. Department of Housing and Urban Development

Document Package for Applicant's/Tenant's Consent to the Release Of Information

This Package contains the following documents:

- 1. HUD-9887/A Fact Sheet describing the necessary verifications**
- 2. Form HUD-9887 (to be signed by the Applicant or Tenant)**
- 3. Form HUD-9887-A (to be signed by the Applicant or Tenant and Housing Owner)**
- 4. Relevant Verifications (to be signed by the Applicant or Tenant)**

Each household must receive a copy of the 9887/A Fact Sheet, form HUD-9887, and form HUD-9887-A.

Attachment to forms HUD-9887 & 9887-A (02/2007)

Verification of Information Provided by Applicants and Tenants of Assisted Housing

What Verification Involves

To receive housing assistance, applicants and tenants who are at least 18 years of age and each family head, spouse, or co-head regardless of age must provide the owner or management agent (O/A) or public housing agency (PHA) with certain information specified by the U.S. Department of Housing and Urban Development (HUD).

To make sure that the assistance is used properly, Federal laws require that the information you provide be verified. This information is verified in two ways:

1. HUD, O/As, and PHAs may verify the information you provide by checking with the records kept by certain public agencies (e.g., Social Security Administration (SSA), State agency that keeps wage and unemployment compensation claim information, and the Department of Health and Human Services' (HHS) National Directory of New Hires (NDNH) database that stores wage, new hires, and unemployment compensation). HUD (only) may verify information covered in your tax returns from the U.S. Internal Revenue Service (IRS). You give your consent to the release of this information by signing form HUD-9887. Only HUD, O/As, and PHAs can receive information authorized by this form.
2. The O/A must verify the information that is used to determine your eligibility and the amount of rent you pay. You give your consent to the release of this information by signing the form HUD-9887, the form HUD-9887-A, and the individual verification and consent forms that apply to you. Federal laws limit the kinds of information the O/A can receive about you. The amount of income you receive helps to determine the amount of rent you will pay. The O/A will verify all of the sources of income that you report. There are certain allowances that reduce the income used in determining tenant rents.

Example: Mrs. Anderson is 62 years old. Her age qualifies her for a medical allowance. Her annual income will be adjusted because of this allowance. Because Mrs. Anderson's medical expenses will help determine the amount of rent she pays, the O/A is required to verify any medical expenses that she reports.

Example: Mr. Harris does not qualify for the medical allowance because he is not at least 62 years of age and he is not handicapped or disabled. Because he is not eligible for the medical allowance, the amount of his medical expenses does not change the amount of rent he pays. Therefore, the O/A cannot ask Mr. Harris anything about his medical expenses and cannot verify with a third party about any medical expenses he has.

Customer Protections

Information received by HUD is protected by the Federal Privacy Act. Information received by the O/A or the PHA is subject to State privacy laws. Employees of HUD, the O/A, and the PHA are subject to penalties for using these consent forms improperly. You do not have to sign the form HUD-9887, the form HUD-9887-A, or the individual verification consent forms when they are given to you at your certification or recertification interview. You may take them home with you to read or to discuss with a third party of your choice. The O/A will give you another date when you can return to sign these forms.

If you cannot read and/or sign a consent form due to a disability, the O/A shall make a reasonable accommodation in accordance with Section 504 of the Rehabilitation Act of 1973. Such accommodations may include: home visits when the applicant's or tenant's disability prevents him/her from coming to the office to complete the forms; the applicant or tenant authorizing another person to sign on his/her behalf; and for persons with visual impairments, accommodations may include providing the forms in large script or braille or providing readers.

If an adult member of your household, due to extenuating circumstances, is unable to sign the form HUD-9887 or the individual verification forms on time, the O/A may document the file as to the reason for the delay and the specific plans to obtain the proper signature as soon as possible.

The O/A must tell you, or a third party which you choose, of the findings made as a result of the O/A verifications authorized by your consent. The O/A must give you the opportunity to contest such findings in accordance with HUD Handbook 4350.3 Rev. 1. However, for information received under the form HUD-9887 or form HUD-9887-A, HUD, the O/A, or the PHA, may inform you of these findings.

O/As must keep tenant files in a location that ensures confidentiality. Any employee of the O/A who fails to keep tenant information confidential is subject to the enforcement provisions of the State Privacy Act and is subject to enforcement actions by HUD. Also, any applicant or tenant affected by negligent disclosure or improper use of information may bring civil action for damages, and seek other relief, as may be appropriate, against the employee.

HUD-9887/A requires the O/A to give each household a copy of the Fact Sheet, and forms HUD-9887, HUD-9887-A along with appropriate individual consent forms. The package you will receive will include the following documents:

1. **HUD-9887/A Fact Sheet:** Describes the requirement to verify information provided by individuals who apply for housing assistance. This fact sheet also describes consumer protections under the verification process.
2. **Form HUD-9887:** Allows the release of information between government agencies.
3. **Form HUD-9887-A:** Describes the requirement of third party verification along with consumer protections.
4. **Individual verification consents:** Used to verify the relevant information provided by applicants/tenants to determine their eligibility and level of benefits.

Consequences for Not Signing the Consent Forms

If you fail to sign the form HUD-9887, the form HUD-9887-A, or the individual verification forms, this may result in your assistance being denied (for applicants) or your assistance being terminated (for tenants). See further explanation on the forms HUD-9887 and 9887-A.

If you are an applicant and are denied assistance for this reason, the O/A must notify you of the reason for your rejection and give you an opportunity to appeal the decision.

If you are a tenant and your assistance is terminated for this reason, the O/A must follow the procedures set out in the Lease. This includes the opportunity for you to meet with the O/A.

Programs Covered by this Fact Sheet

- Rental Assistance Program (RAP)
- Rent Supplement
- Section 8 Housing Assistance Payments Programs (administered by the Office of Housing)
- Section 202
- Sections 202 and 811 PRAC
- Section 202/162 PAC
- Section 221(d)(3) Below Market Interest Rate
- Section 236
- HOPE 2 Home Ownership of Multifamily Units

O/As must give a copy of this HUD Fact Sheet to each household. See the Instructions on form HUD-9887-A.

Attachment to forms HUD-9887 & 9887-A (02/2007)

Notice and Consent for the Release of Information

to the U.S. Department of Housing and Urban Development (HUD) and to an Owner and Management Agent (O/A), and to a Public Housing Agency (PHA)

U.S. Department of Housing
and Urban Development
Office of Housing
Federal Housing Commissioner

HUD Office requesting release of information (Owner should provide the full address of the HUD Field Office, Attention: Director, Multifamily Division.): HUD New York Regional Office Jacob K. Javits Federal Building 26 Federal Plaza, Suite 3541 New York, New York 10278-0068	O/A requesting release of information (Owner should provide the full name and address of the Owner.): Fifth & 106th Street Associates, LP c/o SHP Management Corp. 7 Thomas Drive Cumberland Foreside, ME 04110	PHA requesting release of information (Owner should provide the full name and address of the PHA and the title of the director or administrator. If there is no PHA Owner or PHA contract administrator for this project, mark an X through this entire box.): HUD New York Regional Office Jacob K. Javits Federal Building 26 Federal Plaza, Suite 3541, New York, NY 10278-0068
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Notice To Tenant: Do not sign this form if the space above for organizations requesting release of information is left blank. You do not have to sign this form when it is given to you. You may take the form home with you to read or discuss with a third party of your choice and return to sign the consent on a date you have worked out with the housing owner/manager.

Authority: Section 217 of the Consolidated Appropriations Act of 2004. (Pub L. 108-199). This law is found at 42 U.S.C. 653(J). This law authorizes HHS to disclose to the Department of Housing and Urban Development (HUD) information in the NDNH portion of the "Location and Collection System of Records" for the purposes of verifying employment and income of individuals participating in specified programs and, after removal of personal identifiers, to conduct analyses of the employment and income reporting of these individuals. Information may be disclosed by the Secretary of HUD to a private owner, a management agent, and a contract administrator in the administration of rental housing assistance.

Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by section 903 of the Housing and Community Development Act of 1992 and section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544. This law requires you to sign a consent form authorizing: (1) HUD and the PHA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; and (2) HUD, O/A, and the PHA responsible for determining eligibility to verify salary and wage information pertinent to the applicant's or participant's eligibility or level of benefits; (3) HUD to request certain tax return information from the U.S. Social Security Administration (SSA) and the U.S. Internal Revenue Service (IRS).

Purpose: In signing this consent form, you are authorizing HUD, the above-named O/A, and the PHA to request income information from the government agencies listed on the form. HUD, the O/A, and the PHA need this information to verify your household's income to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD, the O/A, and the PHA may participate in computer matching programs with these sources to verify your eligibility and level of benefits. This form also authorizes HUD, the O/A, and the PHA to seek wage, new hire (W-4), and unemployment claim information from current or former employers to verify information obtained through computer matching.

Uses of Information to be Obtained: HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. The O/A and the PHA is also required to protect the income

information it obtains in accordance with any applicable State privacy law. After receiving the information covered by this notice of consent, HUD, the O/A, and the PHA may inform you that your eligibility for, or level of, assistance is uncertain and needs to be verified and nothing else.

HUD, O/A, and PHA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form.

Who Must Sign the Consent Form: Each member of your household who is at least 18 years of age and each family head, spouse or co-head, regardless of age, must sign the consent form at the initial certification and at each recertification. Additional signatures must be obtained from new adult members when they join the household or when members of the household become 18 years of age.

Persons who apply for or receive assistance under the following programs are required to sign this consent form:

Rental Assistance Program (RAP)

Rent Supplement

Section 8 Housing Assistance Payments Programs (administered by the Office of Housing)

Section 202; Sections 202 and 811 PRAC; Section 202/162 PAC Section 221(d)(3) Below Market Interest Rate

Section 236

HOPE 2 Homeownership of Multifamily Units

Failure to Sign Consent Form: Your failure to sign the consent form may result in the denial of assistance or termination of assisted housing benefits. If an applicant is denied assistance for this reason, the owner must follow the notification procedures in Handbook 4350.3 Rev. 1. If a tenant is denied assistance for this reason, the owner or managing agent must follow the procedures set out in the lease.

Consent: I consent to allow HUD, the O/A, or the PHA to request and obtain income information from the federal and state agencies listed on the back of this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs.

Signatures:

Additional Signatures, if needed:

Head of Household

Date

Other Family Members 18 and Over

Date

Spouse

Date

Other Family Members 18 and Over

Date

Other Family Members 18 and Over

Date

Other Family Members 18 and Over

Date

Other Family Members 18 and Over

Date

Other Family Members 18 and Over

Date

Agencies To Provide Information

State Wage Information Collection Agencies. (HUD and PHA). This consent is limited to wages and unemployment compensation you have received during period(s) within the last 5 years when you have received assisted housing benefits.

U.S. Social Security Administration (HUD only). This consent is limited to the wage and self employment information from your current form W-2.

National Directory of New Hires contained in the Department of Health and Human Services' system of records. This consent is limited to wages and unemployment compensation you have received during period(s) within the last 5 years when you have received assisted housing benefits.

U.S. Internal Revenue Service (HUD only). This consent is limited to information covered in your current tax return.

This consent is limited to the following information that may appear on your current tax return:

1099-S Statement for Recipients of Proceeds from Real Estate Transactions

1099-B Statement for Recipients of Proceeds from Real Estate Brokers and Barter Exchange Transactions

1099-A Information Return for Acquisition or Abandonment of Secured Property

1099-G Statement for Recipients of Certain Government Payments

1099-DIV Statement for Recipients of Dividends and Distributions

1099-INT Statement for Recipients of Interest Income

1099-MISC Statement for Recipients of Miscellaneous Income

1099-OID Statement for Recipients of Original Issue Discount

1099-PATR Statement for Recipients of Taxable Distributions Received from Cooperatives

1099-R Statement for Recipients of Retirement Plans W2-G

Statement of Gambling Winnings

1065-K1 Partners Share of Income, Credits, Deductions, etc.

1041-K1 Beneficiary's Share of Income, Credits, Deductions, etc.

1120S-K1 Shareholder's Share of Undistributed Taxable Income, Credits, Deductions, etc.

I understand that income information obtained from these sources will be used to verify information that I provide in determining initial or continued eligibility for assisted housing programs and the level of benefits.

No action can be taken to terminate, deny, suspend, or reduce the assistance your household receives based on information obtained about you under this consent until the HUD Office, Office of Inspector General (OIG) or the PHA (whichever is applicable) and the O/A have independently verified: 1) the amount of the income, wages, or unemployment compensation involved, 2) whether you actually have (or had) access to such income, wages, or benefits for your own use, and 3) the period or periods when, or with respect to which you actually received such income, wages, or benefits. A photocopy of the signed consent may be used to request a third party to verify any information received under this consent (e.g., employer).

HUD, the O/A, or the PHA shall inform you, or a third party which you designate, of the findings made on the basis of information verified under this consent and shall give you an opportunity to contest such findings in accordance with Handbook 4350.3 Rev. 1.

If a member of the household who is required to sign the consent form is unable to sign the form on time due to extenuating circumstances, the O/A may document the file as to the reason for the delay and the specific plans to obtain the proper signature as soon as possible.

This consent form expires 15 months after signed.

Privacy Act Statement. The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937, as amended (42 U.S.C. 1437 et. seq.); the Housing and Urban-Rural Recovery Act of 1983 (P.L. 98-181); the Housing and Community Development Technical Amendments of 1984 (P.L. 98-479); and by the Housing and Community Development Act of 1987 (42 U.S.C. 3543). The information is being collected by HUD to determine an applicant's eligibility, the recommended unit size, and the amount the tenant(s) must pay toward rent and utilities. HUD uses this information to assist in managing certain HUD properties, to protect the Government's financial interest, and to verify the accuracy of the information furnished. HUD, the owner or management agent (O/A), or a public housing agency (PHA) may conduct a computer match to verify the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. You must provide all of the information requested. Failure to provide any information may result in a delay or rejection of your eligibility approval.

Penalties for Misusing this Consent:

HUD, the O/A, and any PHA (or any employee of HUD, the O/A, or the PHA) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form.

Use of the information collected based on the form HUD 9887 is restricted to the purposes cited on the form HUD 9887. Any person who knowingly or willfully requests, obtains, or discloses any information under false pretenses concerning an applicant or tenant may be subject to a misdemeanor and fined not more than \$5,000.

Any applicant or tenant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the Owner or the PHA responsible for the unauthorized disclosure or improper use.

Applicant's/Tenant's Consent to the Release of Information

Verification by Owners of Information
Supplied by Individuals Who Apply for Housing Assistance

U.S. Department of Housing
and Urban Development
Office of Housing
Federal Housing Commissioner

Instructions to Owners

1. Give the documents listed below to the applicants/tenants to sign. Staple or clip them together in one package in the order listed.
 - a. The HUD-9887/A Fact Sheet.
 - b. Form HUD-9887.
 - c. Form HUD-9887-A.
 - d. Relevant verifications (HUD Handbook 4350.3 Rev. 1).
2. Verbally inform applicants and tenants that
 - a. They may take these forms home with them to read or to discuss with a third party of their choice and to return to sign them on a date they have worked out with you, and
 - b. If they have a disability that prevents them from reading and/or signing any consent, that you, the Owner, are required to provide reasonable accommodations.
3. Owners are required to give each household a copy of the HUD-9887/A Fact Sheet, form HUD-9887, and form HUD-9887-A after obtaining the required applicants/tenants signature(s). Also, owners must give the applicants/tenants a copy of the signed individual verification forms upon their request.

Instructions to Applicants and Tenants

This Form HUD-9887-A contains customer information and protections concerning the HUD-required verifications that Owners must perform.

1. Read this material which explains:
 - HUD's requirements concerning the release of information, and
 - Other customer protections.
2. Sign on the last page that:
 - you have read this form, or
 - the Owner or a third party of your choice has explained it to you, and
 - you consent to the release of information for the purposes and uses described.

Authority for Requiring Applicant's/Tenant's Consent to the Release of Information

Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by section 903 of the Housing and Community Development Act of 1992. This law is found at 42 U.S.C. 3544.

In part, this law requires you to sign a consent form authorizing the Owner to request current or previous employers to verify salary and wage information pertinent to your eligibility or level of benefits.

In addition, HUD regulations (24 CFR 5.659, Family Information and Verification) require as a condition of receiving housing assistance that you must sign a HUD-approved release and consent authorizing any depository or private source of income to furnish such information that is necessary in determining your eligibility or level of benefits. This includes

information that you have provided which will affect the amount of rent you pay. The information includes income and assets, such as salary, welfare benefits, and interest earned on savings accounts. They also include certain adjustments to your income, such as the allowances for dependents and for households whose heads or spouses are elderly handicapped, or disabled; and allowances for child care expenses, medical expenses, and handicap assistance expenses.

Purpose of Requiring Consent to the Release of Information

In signing this consent form, you are authorizing the Owner of the housing project to which you are applying for assistance to request information from a third party about you. HUD requires the housing owner to verify all of the information you provide that affects your eligibility and level of benefits to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct levels. Upon the request of the HUD office or the PHA (as Contract Administrator), the housing Owner may provide HUD or the PHA with the information you have submitted and the information the Owner receives under this consent.

Uses of Information to be Obtained

The individual listed on the verification form may request and receive the information requested by the verification, subject to the limitations of this form. HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. The Owner and the PHA are also required to protect the income information they obtain in accordance with any applicable state privacy law. Should the Owner receive information from a third party that is inconsistent with the information you have provided, the Owner is required to notify you in writing identifying the information believed to be incorrect. If this should occur, you will have the opportunity to meet with the Owner to discuss any discrepancies.

Who Must Sign the Consent Form

Each member of your household who is at least 18 years of age, and each family head, spouse or co-head, regardless of age must sign the relevant consent forms at the initial certification, at each recertification and at each interim certification, if applicable. In addition, when new adult members join the household and when members of the household become 18 years of age they must also sign the relevant consent forms.

Persons who apply for or receive assistance under the following programs must sign the relevant consent forms:

Rental Assistance Program (RAP)
Rent Supplement
Section 8 Housing Assistance Payments Programs (administered by the Office of Housing)
Section 202
Sections 202 and 811 PRAC
Section 202/162 PAC
Section 221(d)(3) Below Market Interest Rate
Section 236
HOPE 2 Home Ownership of Multifamily Units

Failure to Sign the Consent Form

Failure to sign any required consent form may result in the denial of assistance or termination of assisted housing benefits. If an applicant is denied assistance for this reason, the O/A must follow the notification procedures in Handbook 4350.3 Rev. 1. If a tenant is denied assistance for this reason, the O/A must follow the procedures set out in the lease.

Conditions

No action can be taken to terminate, deny, suspend or reduce the assistance your household receives based on information obtained about you under this consent until the O/A has independently 1) verified the information you have provided with respect to your eligibility and level of benefits and 2) with respect to income (including both earned and unearned income), the O/A has verified whether you actually have (or had) access to such income for your own use, and verified the period or periods when, or with respect to which you actually received such income, wages, or benefits.

A photocopy of the signed consent may be used to request the information authorized by your signature on the individual consent forms. This would occur if the O/A does not have another individual verification consent with an original signature and the O/A is required to send out another request for verification (for example, the third party fails to respond). If this happens, the O/A may attach a photocopy of this consent to a photocopy of the individual verification form that you sign. To avoid the use of photocopies, the O/A and the individual may agree to sign more than one consent for each type of verification that is needed. The O/A shall inform you, or a third party which you designate, of the findings made on the basis of information verified under this consent and shall give you an opportunity to contest such findings in accordance with Handbook 4350.3 Rev. 1.

The O/A must provide you with information obtained under this consent in accordance with State privacy laws.

If a member of the household who is required to sign the consent forms is unable to sign the required forms on time, due to extenuating circum-

stances, the O/A may document the file as to the reason for the delay and the specific plans to obtain the proper signature as soon as possible.

Individual consents to the release of information expire 15 months after they are signed. The O/A may use these individual consent forms during the 120 days preceding the certification period. The O/A may also use these forms during the certification period, but only in cases where the O/A receives information indicating that the information you have provided may be incorrect. Other uses are prohibited.

The O/A may not make inquiries into information that is older than 12 months unless he/she has received inconsistent information and has reason to believe that the information that you have supplied is incorrect. If this occurs, the O/A may obtain information within the last 5 years when you have received assistance.

I have read and understand this information on the purposes and uses of information that is verified and consent to the release of information for these purposes and uses.

Name of Applicant or Tenant (Print)

Signature of Applicant or Tenant & Date

I have read and understand the purpose of this consent and its uses and I understand that misuse of this consent can lead to personal penalties to me.

Name of Project Owner or his/her representative

Title

Signature & Date
cc:Applicant/Tenant
Owner file

Penalties for Misusing this Consent:

HUD, the O/A, and any PHA (or any employee of HUD, the O/A, or the PHA) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form.

Use of the information collected based on the form HUD 9887-A is restricted to the purposes cited on the form HUD 9887-A. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or tenant may be subject to a misdemeanor and fined not more than \$5,000.

Any applicant or tenant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the O/A or the PHA responsible for the unauthorized disclosure or improper use.